

# G5-21

IBC: SECTION 202, (New)

**Proponents:** John Williams, Chair, representing Healthcare Committee (ahc@iccsafe.org)

## 2021 International Building Code

**Revise as follows:**

**[BG] CUSTODIAL CARE.** Assistance with day-to-day living tasks; such as assistance with cooking, taking medication, bathing, using toilet facilities and other tasks of daily living. *Custodial care* includes persons receiving care who have the ability to respond to emergency situations and may receive limited verbal or physical assistance. These care recipients may evacuate at a slower rate and/or who have mental and psychiatric complications.

**[BG] INCAPABLE OF SELF-PRESERVATION.** Persons who, because of age, physical limitations, mental limitations, chemical dependency or medical treatment, cannot respond as an individual to an emergency situation.

**Add new definition as follows:**

**LIMITED VERBAL OR PHYSICAL ASSISTANCE.** Persons who, because of age, physical limitations, cognitive limitations, treatment or chemical dependency, and may not independently recognize, respond or evacuate without limited verbal or physical assistance during an emergency situation. Verbal assistance includes prompting, giving and repeating instructions. Physical assistance includes assistance with transfers to walking aids or mobility devices and assistance with egress.

**Reason Statement:** The intent of this code change is to provide a new definition for Limited Verbal or Physical Assistance to correlate with the text of the existing document (Section 308.2.2 and 310.5.2) and provide needed clarity. This new definition describes a middle ground between able to evacuate independently and incapable of self-preservation. The I-1/R-4, Condition 2 occupancy group classification was added into the code, providing safeguards for care-recipients who, because of frailness, cognitive impairment or other conditions, need limited verbal or physical assistance with exiting the building. The intent, which was described in more detail in the Commentary, was to allow staff to assist care-recipients during evacuation, who may use mobility devices (walker or cane) or can self-propel in a wheelchair, with transferring out of bed, assist with balance while assistance with walking down stairs, or allow staff to physically assist care-recipients who do not use mobility devices to hold hands or arms, assist with balance, or provide other similar limited physical assistance. It also recognizes that people with dementia may need extra prompting or repeated instructions to complete the evacuation process. This definition is being added in response to some requests for clarity on what limited assistance means.

The Custodial Care definition is also being modified to better clarify and link that I-1/R-4 Occupancies, who receive Custodial Care, are able to receive Limited Verbal and Physical Assistance. The new "limited assistance" definition is also written to differentiate it from the current definition for Incapable of Self-Preservation. The Incapable of Self Preservation definition applies to occupants who "cannot respond as an individual to an emergency situation." This means they are not able to act independently or as an individual at all, during an emergency situation. Being unable to "respond as an individual" includes persons who may be mostly or completely incapacitated, semiconscious or unconscious, or who may be on life support. The new "limited assistance" definition purposely does not include these incapacitated persons. It instead limits helping individuals who can respond but may need , limited assistance with mobility and prompting.

The term 'limited verbal or physical assistance' is currently used in Group I-1, condition 2 (Section 308.2.2) and Group R-4, Condition 2 (Section 310.5.2).

The CHC was established by the ICC Board to evaluate and assess contemporary code issues relating to healthcare facilities. This is a joint effort between ICC and the American Society for Healthcare Engineering (ASHE), a subsidiary of the American Hospital Association, to eliminate duplication and conflicts in healthcare regulation. In 2020 the CHC held several virtual meeting, which included members of the committees as well as any interested parties, to discuss and debate the proposed changes. Information on the CHC, including: meeting agendas; minutes; reports; resource documents; presentations; and all other materials developed in conjunction with the CHC effort can be downloaded from the CHC website at CHC.

**Cost Impact:** The code change proposal will not increase or decrease the cost of construction  
This is clarifying a term currently used in the code. There are no technical changes for construction.

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